

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/52.0.0.9

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		31					54						
5		13					55						
6	/						56						
7		/					57						
8		12					58						
9		21					59						
10		10					60						
11		11					61						
12		10					62						
13		11					63						
14		10					64						
15		11					65						
16		11					66						
17		11					67						
18		11					68						
19		11					69						
20		11					70						
21		11					71						
22							72						
23							73						
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29							79						
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31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2												
TOTAL DEP.	19												
TOTAL CLAIMS	21												